



Submission to the Tasmania Law Reform Institute: LGBTQA+ Conversion Practices

Produced by: Brave Network and SOGICE Survivors

Responding to the TLRI's Discussion Paper: <https://www.utas.edu.au/law-reform/news-and-events/tlri-news/conversion-practices>

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Partners

The Brave Network (www.thebravenetwork.org) is a peer-led support and advocacy group for LGBTQIA+ people of faith, allies, and survivors of conversion practices. Brave hosts monthly meetings in central Melbourne and national online meetings. The group supports LGBTIQ+ people of faith to tell their stories in media, churches and public events. The primary focus of Brave Network is ensuring the wellbeing of LGBTIQ+ people of faith, regardless of their faith journey. Brave Network is fully affirming of LGBTIQ+ inclusive theology and is both sex positive and faith positive. Brave is a non-incorporated entity that led by a steering group and auspiced by Thorne Harbour Health.

SOGICE Survivors is a group of survivors of Sexual Orientation and Gender Identity Change Efforts, otherwise known as the LGBTQA+ Conversion movement. They are the primary writers of the SOGICE Survivor Statement (www.sogicesurvivors.com.au), a document that calls on the Australian Government to join a growing number of jurisdictions across the world by intervening to stop the LGBTQA+ Conversion movement from harming LGBTQA+ Australians. It is endorsed by a long list of community leaders and organisations, including Amnesty International Australia, Thorne Harbour Health, Equality Australia, ACON, and Rainbow Health Victoria.

Acknowledgements

The Brave Network, SOGICE Survivors, and Thorne Harbour Health acknowledge that this submission was written on the lands of the Wurundjeri and Bunurong peoples of the Kulin Nation, and the Wiradjuri people. We pay our respects to their elders past, present and emerging and acknowledge that sovereignty has never been ceded.

This submission has been informed by:

- The SOGICE Survivor Statement: A detailed policy document outlining a definition of LGBTQA+ conversion ideology, the conversion practices that result from the ideology, and recommendations for preventing the spread of both conversion ideology and practices.
- Preventing Harm, Promoting Justice: A report developed by the Victorian Government, Human Rights Law Centre and La Trobe University in 2018. It was initiated through the work of Brave Network Melbourne and guided by survivors at some points. It investigated a narrow range of mostly historical, formal practices and suggested a range of interventions.
- Joint Thorne Harbour Health / Brave Network / SOGICE Survivors submission to the Victorian Government.
- Interactions with the Maltese Government, the Reformation Project (US), and a range of LGBTQA+ public health organisations across Australia
- Change and Suppression (Conversion) Practices Prohibition Bill 2020 (Victoria)
- A review of existing global legislation relating to conversion practices:
<https://docs.google.com/document/d/1TvSIOPNx9YI8VWnCHuMvC-Q-slEW2b9tmkPKuIn9Sh4/edit?usp=sharing>
- *Healing Spiritual Harms: Supporting Recovery from LGBTQA+ Change and Suppression Practices*, a report from a Victorian Government funded research project jointly implemented by La Trobe University, Macquarie University, Brave Network, and the Australian LGBTIQ Multicultural Council (AGMC) in 2020.

The SOGICE Survivor Statement

We strongly encourage the Tasmanian Government to broadly adopt the definitions and categories of recommendation in the SOGICE Survivor Statement found [HERE](#), for the following reasons:

- The SOGICE Survivor Statement was developed using a wide range of participatory approaches to policy development.
- The authors of the SOGICE Survivor Statement have written the document with the primary intention of ensuring government interventions are effective at ending the harm caused by the conversion movement.
- The definitions and recommendations in the SOGICE Survivor Statement are informed by the carefully analysed experiences of survivors, including survivors in the Brave's substantive private online community, as well as the stories gleaned by the authors of *Preventing Harm, Promoting Justice*, and survivors of conversion practices from diverse faith and cultural backgrounds.
- Until recently, most global advocacy efforts by survivors have used a definition of 'conversion' that is:
 - Based on historical, rather than current, experiences
 - Limited to formal therapeutic expressions of the movement, eg. Psychology or counselling - domains that are increasingly rare contexts for conversion practices today.
 - Based on a phenomenon that is largely experienced by white, cisgender, gay men from protestant/evangelical backgrounds, largely ignoring the experiences of LGBTQA+ survivors or those of different faith backgrounds whose experiences are not always as easy to demarcate.
 - Easily manipulated by proponents of conversion practices and ideology who desire to avoid being within scope of any government intervention

In contrast, the SOGICE Statement's definition:

- Is grounded in both contemporary and historical experiences of conversion practices and ideology

- o Clearly outlines a practical definition of conversion ideology and practices that can meaningfully and successfully identify and locate conversion practices in the community.
- o Reflects the current harm and manifestations of the movement experienced by trans people, women, people from diverse faith backgrounds, people from other cultures, and young people.

Language

The following tables outline our recommendations to the Tasmanian Government regarding the use of language and terms. While Tasmania may wish to coin new terms or create modified definitions, it is important to note that:

- Many terms and definitions used by survivors already have established meanings.
- Organised survivor self-advocates from diverse backgrounds who have expertise in global or national advocacy should be consulted when coining new terms.
- Using broad terms (such as ‘conversion practices’) in a narrow way (eg. to only refer to ‘formal’ practices, rather than both ‘informal’ and ‘formal’ practices), may affect the ability of survivor self-advocates to use such terms in future advocacy in other jurisdictions.

| Name | Explanation | Recommendation and suggested use |
|------------------------------|---|--|
| SOCE | Sexual Orientation Change Efforts. Overseas term no longer used by Australian advocates | Do not use. |
| SOGICE | Sexual Orientation and Gender Identity Change Efforts. Term coined by Australian survivors to incorporate the experiences of trans, gender diverse, non-binary, and gender queer people. Increasingly used overseas. | Recommended term. Note: Ensure that this term is distinguished from transphobic psychology that does <i>not</i> have conversion ideology as its basis. |
| Ex-gay | Term used by proponents and survivors of conversion practices from 1990s to the early 2010s. | Helpful term to refer to in definitional statements, however it must be accompanied by ‘ex-trans’. |
| Ex-trans | Term coined in 2010s by survivors who wanted to advocate for trans survivors. | Use alongside ex-gay in definitional statements. |
| Conversion therapy | Term created by allies and a small number of survivors. Embraced by media. Unhelpful term that ignores the role of conversion ideology. Often used with ‘gay’ in front. | Avoid using this term. |
| LGBTQA+ conversion practices | Helpful term that refers to practices grounded in conversion ideology and that are designed to change, heal, cure, or suppress a person’s sexual orientation or gender identity. We use a version of the acronym that removes the ‘l’, as intersex people who experience conversion ideology and practices usually experience them on the basis of their sexual orientation or gender identity. | As often as possible, use this term in conjunction with ‘conversion ideology’. This term should be used to apply to both formal <i>and informal</i> practices, not just formal practices. May be used by with ‘religious’, eg. ‘religious conversion practices’, however this may be confused with the concept of ‘religious conversion’, eg. Conversion to a faith/belief system. |

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| Conversion ideology | Term that has been developed by Australian and American survivors to outline the ideology that drives conversion practices. 'Conversion ideology' should be used as the yardstick for determining if a practice is indeed a 'conversion practice'. | Recommended term. Use frequently. |
| Conversion practices and ideology | See above | Recommended term. Use frequently. |
| Conversion movement | The combination of conversion practices, conversion ideology, and the broad global movement – mostly led by evangelical Christians but also manifest in Jewish, Muslim Catholic and Orthodox Christian contexts. | Recommended term. Use as required. |
| Sexual Orientation and Gender Identity Conversion Practices | Term not used by survivors. However, it is a good combination of the terms noted above. Currently used in TLRI issues paper 31. | Helpful term, however should be used in conjunction with 'conversion ideology' and should include both formal and informal practices. |
| Change and Suppression Practices | Term coined by Victorian Government for the purpose of legislation. | Helpful term, however should be used in conjunction with recommended terms noted above. |

Key elements of the conversion movement

| | Type | Details | Recommended interventions |
|----------|-----------------|---|---|
| Ideology | Core assertions | <p>LGBTQA+ conversion practices, whether formal or informal, are driven by a set of interconnected assertions that form the basis of conversion ideology. These assertions are usually communicated to individuals over time and through prolonged participation in religious communities. Assertions usually include all or most of the following:</p> <ul style="list-style-type: none"> • With almost no exceptions, humans are born with the potential of developing into heterosexual people whose gender identity reflects their sex assigned at birth. • In people who are same-sex attracted, trans or gender diverse, this development has been halted or stunted due to one or several factors: abuse, neglect, inappropriate parenting dynamics, social influence, and even spiritual issues (including demonic influence). This phenomenon is often labelled as 'sexual | <p>Public health campaigns (eg. "Has someone told you you're broken?"), broadcast and comms regulation, community education and awareness training, advocacy from faith based organisations.</p> <p>See SOGICE Survivor Statement for detailed intervention</p> |

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| | | <p>brokenness' or a disorder, particularly if a person has transitioned or had sexual experiences with people of the same sex.</p> <ul style="list-style-type: none"> ● Same-sex attracted, trans and gender diverse people should live celibate lives or seek healing for their sexual brokenness. This is a core obligation in the faith practice of same-sex attracted, trans and gender diverse people. The pursuit of other spiritual or religious activities is noble, however the failure to pursue healing for one's sexual brokenness is cause for significant concern or disciplinary action. ● Through consistent long-term devotion (for example, through Christian discipleship or strict observance of halacha); committed involvement in a faith community; spiritual mentoring; the avoidance and suppression of all lesbian, gay, bisexual, trans, or queer influences; connection to an ex-gay/ex-trans support group, and/or ongoing conversion practices, a person will either: <ul style="list-style-type: none"> ○ Experience a change in their sexual orientation and/or gender identity, or ○ Overcome the causes or drivers behind their same-sex attraction or trans identity and remain celibate ● As 'sexual brokenness' is a sign of dysfunction, same-sex attracted, trans and gender diverse people may not be considered suited to positions of authority within their faith community. | <p>recommendations</p> |
| <p>False and misleading claims</p> | | <p>False and scientifically indefensible claims that create 'demand' for conversion practices among LGBTIQ+ people, cf. consumer protections/therapeutic fraud.</p> <ol style="list-style-type: none"> 1. Claims about the origins/essence of same-sex attraction and gender diversity: False and misleading statements that same-sex romantic or sexual attraction, multi-gender romantic or sexual attraction, trans identity and gender non-conformity are forms of 'brokenness' (or similar) and are causally linked to psychological phenomena stemming from developmental issues, abuse or other causes, and that LGBTIQ+ people require pastoral or psychological care to address this brokenness. May include claims about inherent dysfunction. | <p>Viewing conversion ideology and practices through the lens of false and misleading claims is perhaps the most important aspect of any legislative, regulatory or educational intervention into conversion practices. The 'false and</p> |

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| | | <p>2. Claims about the treatment of same-sex attraction and gender diversity:</p> <p>a. That it is possible to change a person’s same-gender or multi gender sexual or romantic attractions such that the person becomes exclusively heterosexual.</p> <p>b. That it is possible to change a person’s trans or gender diverse identity such that the person fully identifies with their sex assigned at birth.</p> | <p>misleading claims’ approach allows for connections to be made between APS/AHPRA regulation, peer-reviewed academic knowledge, Consumer Affairs, redress approaches, and Health Complaints Commissions. It also is the conceptual bridge between ideology, formal practices, and informal practices.</p> <p>See SOGICE Survivor Statement for detailed recommendations</p> |
| | Culturally specific messages | <p>In addition to the assertions and claims noted above, individual cultural or faith groups may communicate additional messages. For example:</p> <ul style="list-style-type: none"> ● Pentecostal/charismatic Christians may suggest that the person is influenced by demons and requires ‘deliverance’ ● Some cultural groups may communicate the notion that to be of that particular culture is to <i>not</i> be same-sex attracted. ● Some denominations may place greater emphasis on the incongruence of religious adherence and LGBTQA+ identity. | <p>As for ‘core assertions’, above, plus: Culturally specific campaigns, eg. Via multicultural peak bodies</p> |
| Practices | Formal practices | <p>Including but not limited to:</p> <ul style="list-style-type: none"> ● Psychology/psychiatry/psychotherapy ● Counselling ● Structured pastoral care (secular setting, religious motivation) ● Structured pastoral care (religious setting) ● Formal conversion program – group ● Formal conversion program – one on one | <p>Formal practices delivered by professionals who are nationally or industry regulated are increasingly rare.</p> |

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| | | <ul style="list-style-type: none"> ● Self-directed using formal program materials | See SOGICE Survivor Statement for detailed recommendations, particularly Recommendation N. |
| | Violent / Coercive formal practices | <p>Any of the listed formal or informal practices performed under duress/active resistance, as well as:</p> <ul style="list-style-type: none"> ● Assault ● Forced removal ● Forced activities involving minors | Many of these may already be illegal under current systems, however some may require additional intervention/legislation. See SOGICE Survivor Statement for detailed recommendations |
| | Informal practices | <p>Expressions include, but are not limited to:</p> <ul style="list-style-type: none"> ● Pastoral care/advice and recommendations of websites, gender-segregated retreats and conferences, books, and other resources. ● Informal prayer ministry (i.e. between peers or during prayer time after religious meetings/services). ● Sermons or textual studies (eg. Bible, Qur'an) that reinforce 'traditional gender roles' and living as 'men and women of God' (i.e. men being strong, the head of the house, the bread-winner and sexually dominant, and women being submissive, motherly, bearing children, and purely romantic in nature within their sexual desire), with the implied directive that variation from these roles represents deviance and/or 'brokenness'. ● Subtle and overt sermons or testimonials that encourage or promote orientation change. It should be noted that almost every global conversion practices organisation has now closed, with the movement's leaders renouncing and apologising for the hurt they have caused LGBTQA+ people of faith. ● An individual's private efforts or attempts to incrementally change their own | It should be noted that these need to be implicitly or explicitly guided by conversion ideology in order to be deemed a 'conversion practice'. See SOGICE Survivor Statement for detail, particularly sections 1.2 and 1.5. |

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| | | <p>orientation or identity (via the reading of above-mentioned resources, private prayer time, self-denial or attempts at forming habits in opposition to their orientation or identity).</p> <ul style="list-style-type: none"> ● Removal from positions of community leadership or influence in order to encourage the LGBTQA+ person to accomplish private ‘personal development’ work in the area of their sexuality or gender (or to discourage the perceived ‘promotion’ of queer identity). ● A disowning from faith communities and families until such a time as the person expresses a change in orientation or demonstrates a rejection of their orientation or identity. This includes threats of disowning or removal from the cultural life of diverse communities whereby culture and faith are significantly intertwined. ● Content related to any of the above in education, chaplaincy, sex-and-relationships education programs in schools, or tertiary counselling training courses. ● Enforced traditional gender behavior within the family accompanied by punitive and abusive consequences within family structures. ● Stories of supposed ‘successful’ instances of conversion. These are often shared in a range of forums, including conferences, sermons, private faith-based groups, and publications. For many survivors, these stories or ‘testimonies’ were a key driver in their desire to continue their SOGICE journey. These ‘success stories’ are almost always found to be false, untruthful or skewed as time passes. The 2010-2020 period has been marked by a very high volume of statements from former conversion movement leaders renouncing their ‘success stories’ and coming forward to apologise. <p>Informal practices can also include the following practices that straddle the division between informal and formal:</p> <ul style="list-style-type: none"> ● Group sessions in religious setting ● One on one sessions in religious setting | |
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| | | <ul style="list-style-type: none"> • Confessor/assigned confident/conversion buddy (person assigned to support the participant’s journey) | |
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Considering the preceding information and in an effort to respond to questions asked in Issues Paper No 31, we offer these insights and suggestions:

Question 1: Definitions

For discussion of adjacent – but separate – trans and intersex issues, please see discussion later in this submission.

The SOGICE Survivors definition acknowledges that conversion practices cannot be isolated from conversion ideology. Any policy, regulatory, legislative, public health, or survivor support responses that separate the two will not adequately address the conversion movement. We applaud the Tasmanian law reform institute for making specific reference to ideology and false and misleading claims in its issues paper and agree with the definition being used in section 1.2.8. whose scope includes promotion/publication of false and misleading claims, one on one practices, group practices that target individuals collectively, intensive practices and aversion therapies. These align with the definition used in the [SOGICE Survivor Statement](#).

However, despite the SOGICE Survivor Statement definition’s inclusion of the concept of ‘conversion ideology’, we feel that the definition articulated in a bill/legislation should follow the Victorian approach and avoid the narrowing or ambiguity that may be caused by explicitly using this term. A definition that focuses on individuals, intent, and change or suppression is sufficient. Inducements, advertising and the notion of ‘intent’ all implicitly include the concept of ‘conversion ideology’.

The definition in the Victorian bill is closely tied to the scope of the bill, with the following elements required before a conversion practice is considered a criminal offence:

- The conversion practice must be focused on the individual. This could include a group of individuals.
- Are grounded in the intent to change or suppress a person’s orientation. This is distinct from offering advice, informing a person of a particular traditional theological view, or sharing an opinion where the intent to change or suppress is not present.
- The conversion practice causes injury or serious injury.
- Attempts or efforts to refer or induce a person to undergo conversion practices are also in scope.

Should injury or serious injury not be present (or proven beyond reasonable doubt), however the practice is still considered serious or systemic, the case may be referred to a civil scheme designed and implemented by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC). Should A Tasmanian bill follow the Victorian model and also include a civil scheme, it would be appropriate for definitions used in the *implementation* of the scheme to include the term ‘conversion ideology’ in a longer, nuanced definition for use by investigators. It is also appropriate for funded training for mental health practitioners to incorporate the term ‘conversion ideology.

Without this approach to definitions, it will be extremely difficult to identify whether something is or is not a conversion practice. The Victorian bill’s focus on intent, advertising, inducements, and the ‘individual’ – coupled with a hierarchy of offences, penalties, and civil or criminal approaches that connect with the level of harm or systemic nature of the conversion practices – has created a

sophisticated, robust 'net' that captures conversion practices that may be otherwise disguised through duplicitous and ambiguous language.

Endorsing the widely supported definition used by SOGICE Survivors allows for a civil or human rights commission scheme (comprised of a panel of experts and possibly connecting to a Redress Scheme) to successfully investigate all claims or complaints, using a rubric or set of indicators based on the 'core assertions' and 'false and misleading claims' outlined in the survivor statement. It would also mean that the distinction between psychology, counselling, pastoral care, group programs, and other formal conversion practices would be less important in comparison to the *content* or ideology of those practices.

This will allow for Tasmania to prevent the propagation of conversion ideology and practices at the level of media/communications, consumer protections, therapeutic fraud, and public health.

While it is harder to regulate or police *informal* conversion practices – see the SOGICE Survivor Statement – the above inclusions will allow for a far more penetrative intervention into spaces where informal practices occur.

See the FAQ section at the bottom of www.sogicesurvivors.com.au for more information about the difference between queerphobia and conversion ideology. For example, the FAQ on the SOGICE Survivors website says:

Question 2: Children, adults, or both?

Protection should apply broadly, as LGBTQA+ individuals are a minority group and any person that is involved in conversion practices is already at risk of discrimination and poor mental health, regardless of age. As such, legislation should be directed towards adults and minors, not minors alone. The experiences of members of SOGICE Survivors demonstrate that conversion practices equally impact people of all ages in negative ways. Limiting interventions only to the scope of minors or formal practices will eventuate in an ineffective response, as evidenced by the many examples of highly symbolic – but minimally effective – legislation in other countries. Most survivors are exposed to conversion ideology from a young age and, though there are some exceptions, usually experience conversion practices when they are young adults or older. Most of the harm observed by SOGICE Survivors has been experienced by adult survivors. Different demographic cohorts – such as minors, people with disability, people from diverse cultural and linguistic communities, and older people, may require specific intervention strategies.

LGBTQA+ people of faith may have participated willingly: many formal conversion programs have claimed they only exist to help those who express an independent desire to change. However, many participants report that they were coerced by parents, pastors, and/or as a result of the ideologies implicit within their religious community. They are also often internally driven by the fear of rejection and the desire to be 'whole'. Viewing conversion practices through the lens of 'willing participation' is thus extremely problematic. Equally problematic are attempts to counter the conversion movement that do not bear in mind the ideology that drives it. Brave Network and SOGICE Survivors therefore endorses the Victorian Bill's stance that a person cannot truly consent to conversion practices. A more nuanced rewording of this clause may be that it is not ethical for a person to deliver conversion practices to another person due to the significant risk of harm, the significant level of misinformation driving the demand for those practices, and the lack of any evidence of efficacy. If a person request conversion practices (or support for change of suppression), the recipient of that request must decline to deliver those practices.

Question 3: Conversion practices in Tasmania:

Brave and SOGICE Survivors have supported a small number of Tasmanian survivors to document their stories for this inquiry. These will be submitted separately.

Question 4: Legislation, regulation, referrals and penalties:

Tasmanian laws, similar to those in Victoria and the ACT, do not presently cover the bulk of conversion practices and the harm caused by them. Brave Network and SOGICE Survivors strongly urge the Tasmanian Government to adopt, at a minimum, the model of the Victorian Change and Suppression (Conversion) Practices Prohibition Bill.

Most overseas laws, such as state-based American bans and the Israeli ban, not only fail to adequately address the bulk of conversion practices but in fact create an environment for conversion practices to flourish with a diminished threat of government intervention. The Maltese law and Canadian bill, by addressing matters such as referrals, advertising, and financial gain, are better options. The only law or bill that genuinely addresses the phenomenon of conversion practices sufficiently is the Victorian Bill, followed by ACT and Maltese legislation. This is not only due to the Victorian bill's more precise definition and broader coverage (eg. informal and formal practices, advertising of both paid and unpaid services, inducement, referrals, coverage of adults, and removal of people from the state for the purposes of conversion practices), but also due to its innovative dual criminal/civil approach whereby the Victorian Equal Opportunity and Human Rights Commission will be granted investigative powers that will allow non-criminal acts (i.e. those not targeted at an individual or not causing injury) to be investigated if they nonetheless appear to be serious or systemic.

It has become clear after many years of advocacy, research, and investigation that the most common government responses to conversion practices – across a range of jurisdictions – mostly fail to address the primary drivers of harm caused by conversion ideology and practices.

Legislation that aims to enact penalties for government or industry regulated professionals (eg. psychologists or counsellors) who deliver paid, formal practices to minors does little to address a phenomenon that primarily occurs in informal, unpaid contexts (primarily pastoral care) and mostly among adults, where a sharp distinction exists between consent, informed consent, and misinformed consent. Furthermore, the driver of conversion practices – and also the key tool for identifying the practices – is the set of false and misleading claims made by their proponents. Government intervention represents a unique moment in our nation's posture towards the legitimacy of our scientific and medical peak bodies. Exemptions and permissive attitudes regarding conversion ideology and practices will communicate that approaches to human wellbeing are no longer grounded in scientific research and evidence.

Tasmania's health complaints commission, Consumer Affairs peak body, Australian Psychological Society branch, AHPRA, and either an appropriate Mental Health Complaints peak body or National Mental Health Commission should meet with survivors and suitable LGBTIQ+ organisations and LGBTIQ+ government working groups to ensure an integrated framework is developed. The following table outlines some of the regulatory gaps present, based on the remit of some of these bodies:

| Organisation | Barriers and considerations |
|------------------------------|---|
| Consumer Affairs peak bodies | Not generally open to investigations of therapeutic fraud in unregulated spaces unless a paid/commercial service is involved. Usually requires the complainant to be confident and forthcoming. |

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| Health Complaints Commissions | Usually require complaints to be made by the person and usually in relation to specific professional therapeutic contexts. |
| Mental Health Complaints peak bodies <i>Or</i> National Mental Health Commission | Usually require complaints to be made by the person and usually in relation to specific professional therapeutic contexts. |
| AHPRA and Australian Psychological Society | Do not engage in close top-down investigations of practice unless a complaint has been made. Regardless, most conversion practices are not delivered by psychologists. |

SOGICE Survivors and Brave Network desire a regulatory approach that reflects the existing guidelines and advice of Australian peak psychological and health bodies that oppose conversion practices and reject conversion ideology, including the Australian Psychological Society (APS), particularly the APS' 2015 definitive statement, as well as the recommendations of the Australian Association of Social Workers (AASW).

However, it is our experience that neither AHPRA nor professional peak entities such as the APS have been able to consistently monitor or identify conversion practices and the presence of conversion ideology. Furthermore many of these guidelines do not use sufficiently direct language, for example, prohibiting activities that attempt to change, suppress, cure, heal or repair the sexual orientation or gender identity of children or adults.

In addition, most government instruments do not have the required scope to intervene in the vast majority of manifestations of conversion ideology and practices. This is because:

- The conversion movement is inherently deceptive, covert, and duplicitous and must be addressed with suitably agile tools.
- Conversion ideology, especially the false and misleading claims, are the primary driver of harm to mental health once accepted and assented to by LGBTIQ+ people.
- Conversion practices primarily occur in informal contexts, particularly 'pastoral care'. Pastoral care does not have a set of government-mandated protected attributes, nor is it a protected term, despite mimicking many attributes of counselling.
- Most conversion practices do not involve a financial transaction. Those that are paid usually take the form of conference attendance, books, online materials, and other contexts that are not specifically in the form of a therapeutic relationship.
- Many survivors, particularly members of Brave Network, are not comfortable reporting their experiences to government bodies.

In addition to legislation, an integrated regulatory framework should be developed that:

- Recognises that it is in the interest of the state to intervene in instances of therapeutic fraud, even if those instances occur in informal spaces and are unpaid.
- Clearly defines pastoral care and its protected attributes to address its problematic overlap with aspects of counselling and psychology, and recognises that unpaid informal practices in pastoral care contexts often display all the hallmarks – and generate the same level of harm – as paid conversion practices that are administered by regulated professionals using recognised modalities.
- Clearly defines the categories of false and misleading claims that comprise conversion ideology and drive conversion practices.
- Clearly recognises the fraudulent and unethical nature of (a) the false and misleading claims and (b) conversion practices as delivered in either informal or formal practices.
- Formally acknowledges that the false and misleading claims are:

- Fraudulent from a consumer perspective in that they combine pseudoscience and the promise of impossible and unnecessary outcomes, often using protected therapeutic language, to drive LGBTQA+ people to practices and activities that then cause harm
 - False and harmful from the perspective of psychological research and guidelines
 - Designed to drive recipients to unproven, harmful and fraudulent practices.
- Codifies practice guidelines targeting conversion practices (and the advertising thereof, including the promotion of the three types false and misleading claim) in accordance with the Australian Consumer Law and Fair Trading Act.
 - Ensures a panel of experts is formed, including a combination of diverse survivors and relevant experts, to assess whether conversion ideology and/or practices are present in each reported instance. The conversion movement is inherently deceptive and therefore reported instances will require careful investigation.
 - Develops a range of penalties that take into account a range of factors, eg. age of victim-survivor, presence of violence, extent of harm, code/regulations related to the practitioner.
 - Allows third parties (such as friends, family, and fellow congregants) to lodge complaints about instances (eg. Of the communication of the false and misleading claims or delivery of informal conversion practices in pastoral care contexts) on behalf of people experiencing those instances.
 - Allows the relevant body (eg. A health complaints, consumer affairs, or human rights commission or peak body) to use own-motion investigation powers currently available to them.
 - Addresses the need for compulsory content and clauses that systematically refute conversion ideology and conversion practices, with associated audit controls, to be included in all tertiary courses that contain a counselling component.

Some of the above recommendations may require legislative support.

Question 5: Summary and Indictable offences:

Regarding summary and indictable offences, Brave and SOGICE Survivors recommends a division roughly equivalent to that in the Victorian bill, eg.

- Summary offences (Tas), comparable to offences with lower penalty points (Vic): advertising of conversion practices
- Indictable offences, comparable to offences with higher penalty points (Vic): performing of inducing conversion practices to an individual whereby injury or serious injury results, removing a person from the state for the purposes of conversion practices.

The parallel provisions approach outlined in the Issues Paper is therefore appropriate. Sentencing should take into consideration a range of factors, such as:

- The extent of the authority of the 'practitioner' and the duty of care, power dynamics, etc. (eg. influential senior minister of very large congregation, counsellor, pastoral care worker, isolated incidents, repetitive instances as part of systemic 'underground' conversion ministry)
- Whether or not the person is a licensed, paid professional.
- Whether or not the person subjected to the conversion practices is a child or a person with impaired agency.

Question 6: Civil wrongs

Brave and SOGICE Survivors advocate for Tasmania to follow the Victorian bill's civil scheme and the powers proposed for VEOHRC, with the following enhancements:

- A state fund should be developed to pay compensation to all survivors of conversion practices, regardless of whether there has been a criminal offence (i.e. via Victims of Crime compensation) or a civil investigation that discovers that conversion practices have occurred where financial loss has been experienced by the recipient of the conversion practices (i.e. even if injury or serious injury has not occurred).
- Conversion practices investigations performed through a civil process should include a 'civil penalty' as a potential outcome, eg. a fine with no criminal record. Ambiguity around the potential for a fine in the Victorian bill has been cause for concern for some Victorian survivors.

Question 9: Further Considerations

Opposition to government intervention

Brave Network and SOGICE Survivors note that as other jurisdictions have introduced change and suppression ban legislation, increases in activity fighting to stop the passing of these protections have occurred in the public sphere. We have seen a marked increase in conservative groups encouraging their members to contact government representatives opposing bills. This suggests that there are still quite a few people and organisations who want to be free to promote conversion ideology and conversion practices.

While it is true that many faith communities have never sanctioned the more extreme practices of aversion or shock therapy, their consistent messaging that LGBTQA+ people are broken and that they must seek to change or suppress their identity (or deny and repent of their 'sexual brokenness' or gender transition) has been far more consistently damaging. Recent research by La Trobe University provides a strong evidence base for the scope and definitions present within the Victorian Bill.

Brave Network and our allies in Victoria have been shocked that such a significant number of our fellow Victorians – and even members of Victorian parliament – have been misled into believing that a ban on life-threatening conversion practices is akin to an attack on their religious freedom. This is further evidence of the need for legislative intervention. It is also a rude awakening to the prevalence of conversion ideology in Victoria. This should cause extreme concern to all Australians, a population that overwhelmingly supported marriage equality and champions the right of LGBTQA+ people to live authentically and free from harm.

Should a Tasmanian bill adopt the Victorian approach of listing 'prayer based practices' as an example of conversion practices, it is likely that the government will receive significant backlash from conservative opponents to the bill.

Prayer as abuse is unacceptable in any context. Banning such practices does not curtail religious freedom. The bill currently before Victorian parliament protects the religious freedom of LGBTQA+ people of faith and prevents the programmatic deployment of prayer as a way of forcing someone to change who they are. Furthermore, the bill challenges Victorians of faith to consider how prayer – or the appearance of prayer – has been used to disguise practices that might otherwise be considered little more than poorly delivered, unregulated 'talk therapy' sessions that incorporate harmful, misleading, pseudo-scientific

concepts about LGBTQA+ identity or orientation. For more information about how the Victorian Bill carefully navigates impact on religious practices, please read the Scrutiny of Acts and Regulations Committee report, pages 3-13:

https://www.parliament.vic.gov.au/images/stories/committees/sarc/Alert_Digests/Final_AD_No.13_of_2020.pdf

Success and rhetoric

There are various definitions of ‘success’ in the LGBTQA+ conversion movement. These vary across publications, research, conversion texts, and religious communities. While the ideological elements of ‘what caused me to be queer?’, brokenness, repression, religious devotion, obedience, etc. are consistent in almost all expressions of the movement, the goals of these expressions can be radically different. Even the classic American conversion trope of ‘gay to straight’ generated various ideas of ‘success’ among its adherents. Some of the definitions of success – or claims of success made by participants in conversion practices – include:

- Complete change of sexual orientation from LGB to heterosexual
- Complete identification of one’s gender with their sex assigned at birth
- Celibacy (whereby celibacy = ‘neutral’)
- Celibacy (whereby celibacy = no longer lesbian, gay, or bi)
- Marriage with person of other gender = no longer lesbian, gay, or bi
- Bisexual person who fully suppresses same-sex attraction = ‘gay to straight’
- Change of outward gender expression = change of gender identity
- ‘Renouncing’ LGBTIQ+/queer identity = no longer LGBTIQ+

It is important that the Tasmanian Government is mindful of such rhetoric when engaging with proponents of conversion ideology and practices. These shifting definitions of ‘success’ have led to significant confusion on the part of many members of parliament in other Australian states and territories. It is important that conversion practitioners’ and participants’ mental health, motivations, intent, lived experience of sexual orientation and gender identity, and so forth are taken into account when attempting to ascertain the claims of ‘success’ made by proponents of conversion practices and ideology.

Engaging intersex and trans issues that are adjacent but separate to conversion issues.

Non-consensual surgical interventions on people with variations of sex characteristics

The LGBTQA+ conversion movement is primarily a religious phenomenon that specifically focuses on sexual orientation and gender identity, thus SOGICE Survivors use the term LGBTQA+, removing the “I”. Intersex people are part of the broader LGBTIQ+ community and many have also been affected by the movement on the basis of their sexual orientation, gender identity or both. However, medical and surgical interventions that contravene the rights and bodily autonomy of intersex infants, children and adults are not generally labelled as conversion practices in SOGICE advocacy globally. This is because the ideology and issues of consent that underpin all conversion practices are somewhat different to the problematic medical justifications and issues of consent that are often present in surgical interventions.

The complexity of intersex experiences requires the implementation of a separate and specific set of legislative interventions, such as in the example of Malta whereby conversion practices and surgical intervention on intersex minors were addressed through separate

pieces of legislation (*Gender Identity, Gender Expression, and Sex Characteristics Act 2015, Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act 2016*). SOGICE Survivors fully affirms the right to bodily integrity, physical autonomy and self-determination of people born with variations of sex characteristics. SOGICE Survivors supports the Darlington Statement and the campaigns of associated intersex organisations.

Transphobia and malpractice in psychology and medicine

It is extremely common for trans and gender diverse Australians to experience the following:

- Strong pushback from GPs and psychologists who direct patients/clients to question their gender dysphoria far beyond the directives and advice of trans peak bodies, advocacy LGBTIQ+ public health organisations, and research.
- Long periods of questioning by psychologists/GPs and a refusal to support transitioning, HRT, and other gender affirmation processes.
- Resistance from psychologists/GPs due to a lack of certainty or confidence, even when they could easily refer the patient/client to another psychologist or GP who is confident
- Inconsistency through all of the above.

However, we have already noted in the section above that:

- Transphobic psychological practices are distinct from the religiously motivated conversion practices of the 'conversion movement' (unless, of course, the psychologist is motivated by conversion ideology and making the 'false and misleading claims' outlined above.
- The term 'conversion' is part of a broader global advocacy movement on the part of survivors and it is therefore problematic to add additional meanings to this term.
- Unlike other LGBTIQ+ advocacy movements, there are very few terms that survivors of the conversion movement can use to clearly describe the phenomenon that that they have experienced.

In addition, a range of guidelines and processes already exist:

- The Australian Psychological Society, AHPRA, Royal Australian College of GPs already have statements and guidelines regarding permissions, high quality care, and the need for referrals to be made when professionals do not feel confident, competent, or able to deliver affirmative care. It is important to note that 'affirmative' does not mean 'agreeable', but rather the ability to deliver person-centred care free of ideological agendas.
- Consumer Affairs and Health Complaints Commissioners already have the powers to investigate the phenomena listed in the first part of this section of our submission.

The current poor outcomes and experiences of trans and gender diverse people in the context outlined above are therefore driven, in part, by:

- Failure of top-down regulation and intervention by peak bodies, particularly in checking/observing/investigating the level of confidence in (and resistance to) working with trans and gender diverse patients/clients.
- Failure to support bottom-up processes that allow trans people to (a) understand when and how malpractice has occurred and (b) feel confident and empowered to make complaints.
- Failure of training for GPs and psychologists to understand the basic ethical requirement to refer when not confident or competent to treat trans or gender diverse patients/clients affirmatively.

- Failure to communicate to trans and gender diverse patients/clients what are the simplest/easiest pathways to accessing HRT/surgeries, particularly as many pathways and timeframes have been shortened and/or simplified.

Our recommendation for addressing the issue of transphobic practice is:

- Include a component relating to transphobic practice in health professions focuses on examining, strengthening, auditing and regulating the systems of regulation and oversight that currently exist (as per the interventions suggested above) but are clearly not adequately enforced.
- Refer to the issue of transphobic practice as a matter of ‘malpractice’ in addition to viewing it as change or suppression efforts.

Stories of survivors:

The following stories outline examples of the lived experiences of Australian survivors, including survivors from within Tasmania of a wide range of conversion practices. They demonstrate the breadth of conversion practices, including informal pastoral care, prayer groups, church messaging, and formal therapeutic practices. *The following personal stories contain distressing material and we advise caution before reading.*

“I was married with 5 children when I was involved in my church community. I had traumatic memories of abuse and I knew I was attracted to women, which I kept secret. At the time, I asked a fellow Christian friend to suggest a therapist and she recommended one with a specialty in abuse and homosexuality.

Our meetings were in a church building and involved a prayer group to support me in my process of healing. Within weeks of therapy I mentioned my same sex attraction and I was told by my therapist that I needed to pray when feelings surfaced. If I succumbed in any way, physically or mentally, my therapist would organise a group prayer session. Unable to hide my feelings, I succumbed to prayer sessions and 10 hour deliverance sessions, with my therapist checking on me 3 times a day to see that I hadn’t succumbed to any same sex relationships in any way. My therapist constantly told me God would abandon me for this terrible sin. The pressure led me to attempt to take my life.” – Courtney

“I grew up in Newcastle attending a Uniting Church where homosexuality was viewed as a sin. When I moved to Melbourne I frequented gay beats but felt ashamed of my use of them. I joined two churches and prayed that God would make me straight. In 1992 I wrote a letter to my family stating that homosexuality was a possible issue in my life and with God’s help it would change. My parents gave me the contact of a member of Exodus and I began to attend Exodus each week in South Melbourne. I was still a frequent user of beats despite a rule in the group that I was to abstain from sex. Each week explored a different topic such as the biblical sinfulness of homosexuality, and the necessity of cutting off gay friends. None of the leaders were qualified or professionally trained and we were encouraged not to tell others that we were attending the program. Homosexuality was likened to alcoholism - a disease from which we could recover if we only did what they told us.

After I finished the program I still had a lot of anonymous gay sex. I realised that the course hadn’t modified my sexual behaviour at all. Months later, I realised I was gay. I’d done everything I could to deny this and change it and it hadn’t worked. Being gay was truly who I was. Shame has played a huge part in my life, and Exodus preyed on this. My happiness at finally realising I was gay after Exodus was tempered by shame at ‘failing’ the course. A few years ago when I read that the founders of Exodus had publicly stated that Exodus was a failure and had ‘cured’ not one participant, I was pretty mad. I believe they need to be held accountable and that there should be recompense for participants.” – David

In youth group we had regular sermons about sex and purity. It was made very clear that homosexuality was sinful and that it was perverted and unforgiveable. By the time I reached adulthood that message was reiterated so regularly that I started to teach it to youth. "Love the sinner but hate the sin." Young people came to me questioning their sexuality and I would echo the words I heard: purity and celibacy are necessary for those perverted thoughts. I felt uncomfortable teaching it but I didn't know anything else. It took me a long time to reconcile my faith and sexuality because I didn't think I could be Christian and queer. I only knew that if I admitted my sexuality I was admitting that I was perverted and sinful. The theology and ideology I was taught in my teenage years in youth group really impacted me because they became so ingrained in my mindset that I looked upon others with disgust and hate for their sexuality, and I then taught this ingrained theology to others. Now, my mental health is shaky and I get overwhelmed at the thought of having a leadership position in church if I admit my sexuality. It has been and will continue to be a process to unlearn the theology which has damaged me and those I influenced. — Melissa

"I was ten years of age when I had my first crush on someone of the same gender. I was also heavily involved in a Christian community from a young age, until I came out at the age of 39 a few years ago. I grew up in a regional town in a community of people who had very conservative views of the Bible. I heard it preached in church, at school, Sunday school, kids club and youth groups. I listened to the adults talk. I knew to hide. By my mid teens I already understood that being queer was an abomination to God and I would need to be fixed. I believed the rhetoric of brokenness for enough years that I went to prayer therapy with a small group associated with a break away Uniting church in NSW who thought I needed to fix my "sexual deviance" by casting off demons that had been passed down family lines. I internalised my feelings of shame to such a degree that my mental, physical and spiritual health all suffered. Suicidal ideation was an ongoing lived reality in my life alongside two failed suicide attempts and a complete breakdown which required hospitalisation. I cannot express strongly enough how important it is to see these messages of brokenness stopped. It is a matter of life and death." — Libby

"I was introduced to the church in my early years of life. When I noticed my same sex attraction in high school I addressed it with the school's youth Minister who encouraged me to reflect biblical sexuality, not act on my feelings and to seek assistance from ministries specialising biblical sexuality, most commonly known as gay conversion therapy. I was constantly told that I was broken because of original sin and that my homosexuality was a symptom of that. I became obsessed with biblical sexual morality and was ultimately let down due to not being able to live up to these ideals. I tried to attend church but I ended up bouncing from church to church, denomination to denomination trying to find a fit. I didn't feel welcomed anywhere and this increased my isolation. I recall days where I would go home and do countless programs and go on message boards to discuss my same sex attractions. I tried to suppress a lot of what we discussed in these groups but I was told that my brokenness was created by a smothering mother and a distant father. I related more with my mum and I displayed more feminine characteristics and I was told it was my task to become a "rough and tumble" kid. In other words, a lack of masculinity was to blame for my sexuality. All of this developed from countless hours online, during one on one counselling where I was told I was inhabited by numerous demonic forces, and also from interstate travel to see well known ex-gay ministers.

This whole experience increased my depression and anxiety so that I was in a constant state of worry and suicidal ideation. I am currently on medication and see a psychiatrist on a regular basis. This all began when I was around 14. I stopped at 21, 8 years later I still suffer daily from what happened. Because of this experience with the church I took my spirituality elsewhere. At the core I am still a Christian but I was turned off by the church because of the hypocrisy that too often was present with ministries." — Adam

"I was born into a Jehovah's Witness family. From a young age I heard that being a "practising homosexual" was unnatural, degrading, abhorrent and sick, and I internalised those messages. When I had my first same-sex encounter as a teenager I was so ashamed that I went voluntarily to our elders to confess. What followed was a "judicial committee" process – I was a 15yo assigned female at birth and had to confess to two male elders exactly what I'd done. I received spiritual counselling, and was publicly rebuked and forced to come out to my parents. Close surveillance and ongoing spiritual counselling followed. I prayed constantly and committed to extra ministry work. None of it worked and I became suicidal. I figured it was easier to die than to either deny who I was or else lose everyone and everything I'd known. At 18, I was back before a judicial committee. This time, I refused to confess, repent or participate. I was excommunicated, and everyone I had ever known, parents and grandparents included, were required to cut all contact with me. I was banished, sent away with the message that this was for my own good and that I had a choice and could change. In the 20 years since, I've lived with intense shame and self-hate for much of my adult life. Shame that has at times driven substance misuse, suicide attempts, and difficulty being vulnerable and emotionally close to others, to the point, sometimes, of my own behaviour becoming abusive. I'm better, now. But it has taken my whole life to undo the damage." – Hebel

"I grew up in an emotionally supportive fundamentalist Christian household that was anti-gay and totally sheltered from any positive LGBTIQ+ role models. Significantly sheltered themselves and with no intuition of the likeliness of me being gay my parents viewed gay men as generally living a chosen life, broken, never able to attain happiness and very likely paedophiles. These negative messages were entirely reinforced and intensified by attendance at a fundamentalist Christian high-school from 1997 to 2001 and a fundamentalist church from 1984 to 2014.

It wasn't until my late teens that I began to feel attracted to men. I was completely alone with this and 5 years passed before I felt I could take the risk of sharing this with my family. Once I did share, through the lens of 'brokenness' and with my uninformed consent, their approach was to fix my 'attraction'.

During 2006 and 2007 I attended 20 hour long sessions with 'Christian Wellness Counsellors' run by a husband-and-wife team, costing \$120 per hour. Anti-gay messaging centred on total abstinence in thought and action. The counsellors later breached ethics and discussed personal details of my case with a sibling. One year after the sessions, they personally invited me to join their multi-level marketing business.

From 2011 until 2013 I had approximately 100 two-hour weekly coffee catch ups with a Pentecostal Church pastor who was grossly untrained on the topic. Our discussions centred around encouragement for many areas of my life except for my 'attraction', where self-loathing was encouraged. As my confidence in my own orientation grew, I observed that pastor educating his large social media following about the LGBTIQ+ community being 'hell bound'.

Additionally, during 2006-2014 I was recommended an endless array of published books and resources by concerned friends and family, all of which centred around anti-gay messaging and the brokenness/healing paradigm.

The traumatic impacts of this experience are many, and reach to every area of my life today. It is not possible here to go in to clear detail of the needless suffering experienced. I intently maintain zero contact with anti-gay messengers, and all such messaging generally. I wish to point out that with a willingness to revise their understanding, today I have the gift of 100% parental support; and, despite the valleys, I find myself able to largely celebrate life with a healthy faith community and get on with what I expect to be a fulfilling life. It is my earnest hope that the ghastly practice of ex-gay conversion is never allowed to be repeated on another living soul." – Andrew

"I first encountered the idea that there was something 'wrong' or 'broken' about anyone who did not identify as 'straight' when I entered conservative Pentecostal churches in my teens in the 1970s. Heteronormativity was a deeply embedded bias in these settings, amplified through teaching from the bible about sexuality, marriage, families, and 'the bible clearly says' statements. As a straight cis woman, I was blind to the detrimental effect of these ideas on LGBTIQ+ people of faith until I began to listen to the many stories of mental health decline, self-harm, suicide, etc. At this stage in 2006, I was the associate minister at a Pentecostal mega church in Melbourne. I was devastated by what I uncovered, devastated at the horrendous toll, devastated that I had been complicit in my uncritical acceptance of this toxic, dodgy ideology. Since then I have left conservative fundamentalist religion behind. As a narrative therapist I am very aware that conversion ideology is still rampant in conservative faith communities and continues to do great harm, including the outright rejection of individuals by their families and/or churches. A California based mega church, Bethel, has recently launched their pernicious literature/ministry in Australia (see Elizabeth Woning, Equipped to love). Aside from this, it should be noted that in all the conservative faith communities that I encountered, to identify as LGBTIQ+ was NEVER seen as positive and although individuals might be made to feel 'welcomed and loved', this waned the minute they were not seen as 'fixable' or they developed romantic relationships. What this does to a person's sense of self and identity is seen in the appalling statistics." – Margaret

Understanding the difference between conversion ideology and homo/bi/transphobia

The following is taken from the FAQ section of www.sogicesurvivors.com.au

How are LGBTQA+ conversion ideology and practices different to homophobia, biphobia or transphobia?

Conversion ideology is when a person is specifically affected by a psychologist's/counsellor's/religious leader's ideological view of the persons' identity as 'defective' or 'broken' with religious motivations.

For people caught up in the conversion movement, it is becoming much less common for LGBTIQ+ people to be referred to psychologists who hold to this ideology. It is significantly more common for LGBTQIA+ people to be referred to a counsellor (mostly unregulated) or to undergo conversion practices in a 'pastoral care' setting.

Trans and gender diverse people who experience opposition from clinical psychologists or social workers in relation to their gender identity should contact the relevant psychology and social work peak bodies to report these instances as such opposition is in violation of existing professional standards.

How does LGBTQA+ Conversion ideology differ from religious theology? What about religious freedom?

Freedom of belief must be protected, however activities, behaviour and practices that infringe on the rights of other human beings cannot be reconciled with the right to religious freedom. Faith communities and religious Australians currently have the freedom to believe and preach what they like, for example, about whether

or not being LGBTQA+ is 'right' or 'wrong'. They are not free, however, to harm or promote harm towards LGBTQA+ people. Freedom of belief does not equate to freedom of behaviour and it certainly does not equate to freedom from consequences.

There is a marked difference between conservative religious homo/bi/transphobia and conversion ideology. The first is rooted in religious beliefs about 'sin', a religious doctrine that does not always align with modern secular and ethical values.

Conversion ideology, on the other hand, is a contemporary pseudo-science grounded in psychoanalytic hypotheses developed in the 19th century then later abandoned by modern psychology in the mid-20th century. Modern concepts of sexual orientation, gender, and even the use of the word 'homosexuality' also did not develop until the late 19th Century.

Conversion ideology and practices are one method that conservative religious movements have used to engage LGBTQA+ people. Other methods have included avoidance (eg. simply not talking about congregants' sexuality or gender while not allowing any variance from cisgender and heterosexual expression), complete rejection (eg. preventing all conversation on the matter, coupled with outright rejection or condemnation of LGBTQA+ people), and affirmation (eg. fully accepting LGBTQA+ people, in which case the community would no longer hold a conservative position), as well as threats of abandonment or shame that are made to all congregants thus leading to many never disclosing that they are LGBTQA+.

Conversion ideology is usually present in faith communities that wish to appear warm and welcoming toward LGBTQA+ people, however attach boundaries and caveats to their membership, including the requirement to suppress their identity, remain celibate, or seek healing. It must be noted that this position is not at all a traditional or ancient religious stance - it would be anachronistic to suggest so. The ideology often connects LGBTQA+ identity to early childhood developmental issues such as trauma and abuse. It makes claims about the function and ethics of LGBTQA+ identity based solely on subjective ideas drawn from the relatively recent pseudoscience noted above and therefore extends far beyond traditional religious belief. These ideas have now been refuted by modern science and psychology.

We wish to make clear that a faith community that merely preaches that homosexuality is a sin may not be considered to be involved in LGBTQA+ conversion practices. However, if the faith community preached that, for example, LGBTQA+ people can be 'fixed' and need to seek 'healing', this would be promoting harm towards LGBTQA+ people, as conversion ideology and practices are known and understood to be significantly harmful to LGBTQA+ people.

We are concerned that some conservative religious organisations understand the lack of awareness of the above discussion in Australia's political discourse, media reporting, and general community awareness. Such organisations use this lack of awareness to their advantage, regularly claiming that conversion ideology is a deeply held part of their faith traditions. They often take a posture of victimhood when challenged. The Australian government must recognise the difference

between the freedom of religious expression and life-threatening pseudoscientific concepts and practices that have been carefully disguised as religious traditions or theology. This may require some political bravery, however this is no more bravery than survivors have been required to summon in order to ensure their voices are heard.

Finally, LGBTQA+ people who are exposed to harm due to conversion practices or conversion ideology are often religious or seeking out religious or spiritual community. These people have a right to the religious freedom to practice and participate in their religion without exposure to harm.